

**CITY HALL**

400 Ella Street | Beatrice, NE 68310

Phone: 402.228.5200 Fax: 402.228.2312

SERVICE CENTER

500 North Commerce Street | Beatrice, NE 68310

Phone: 402.228.5211 Fax: 402.223.5181

PEDDLER PERMIT APPLICATION**Applicant Name:** _____**Address:** _____**Phone Number:** _____**Gender:** _____ **Height:** _____ **Weight:** _____**Ethnicity:** _____ **Hair Color:** _____ **Eye Color:** _____**Company Name:** _____**Address:** _____**Phone Number:** _____**Goods to be Sold/Services Provided:** _____

Vehicle License Plate #: _____**Vehicle Description:** _____

- Copy of I.D., Driver's License, and/or Company I.D. filed with application.
- Fingerprints obtained at the Sheriff's Department, fees may apply.
- Criminal history researched by the Police Department, fees may apply.

Applicant Signature: _____ **Date:** _____*Peddler Permit Fee has been paid at the City Clerk's Office.* **Initial:** _____ **Date:** _____

SHERIFF'S DEPARTMENT USE ONLY:**Please send fingerprints back with applicant.**

POLICE DEPARTMENT USE ONLY:**Criminal History reviewed by:** _____